

***Utilization Statistics
for the
North Carolina Health Choice
Program***

October 1999- September 2002

***Corporate Analysis and Risk Assessment
December 19, 2002***



**BlueCrossBlueShield
of North Carolina**

An Independent Licensee of the
Blue Cross and Blue Shield Association

NC Health Choice Annual Utilization Study October 1999 Through September 2002

Introduction

This document provides health care cost and utilization data for members of the North Carolina Health Choice (NCHC) group for services incurred from October 1999 through September 2002. The data have not been adjusted for outstanding claims.

Norms are based on all dependent youth (under age 19) from the State of North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan. Norms have not been age and sex adjusted.

"Costly" admissions (admissions incurring more than \$50,000 in allowed charges or with a length of stay in excess of 30 days) have been excluded from utilization rate and charge statistics. However, payment data include these admissions. Table 17 lists the costly admissions.

Because there were so few members in the Extended Coverage segment, their utilization and cost behaviors are not analyzed. However, their data are included in the tables.

Demographics

The average monthly enrollment from October 2001 through September 2002 (FY 2002) was 79,362 members. Non-Copay members comprised almost two-thirds of this total. The sex distribution of both segments was about half male and half female. About half of all members were between 6 and 12 years old. Most members were white (51 percent), while 34 percent were African-American.

Membership rose 16 percent above that of FY 2001 (October 2000 through September 2001).

Inpatient Utilization and Average Charges

Inpatient utilization decreased slightly during FY 2002 mostly due to declining utilization in the Copay segment. Utilization was well below the norm for both segments.

The average charge per admission rose similarly to increases for both the Copay and the Non-Copay segments. The average charge per day also rose.

Respiratory diseases was the most significant diagnostic category, accounting for close to 20 percent of all admissions. Injury and poisoning, digestive diseases, mental disorders, and endocrine diseases each accounted for approximately another 10 percent of admissions.

Outpatient Utilization and Average Charges

In both the hospital outpatient and ambulatory surgery settings, utilization was below the norm, while emergency department utilization exceeded the norm in FY 2002. Utilization decreased somewhat in all outpatient settings between FY 2001 and FY 2002.

**NC Health Choice
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In the emergency room setting, the non-urgent and urgent utilization rates were well above their norms, while the emergent rate was actually below its norm.

In both the hospital outpatient and ambulatory surgery settings, the average charge per visit for the total group was within five percent of the norm, while the group's average emergency room charge was well below the norm.

Office Visit Utilization and Average Charges

The office visit utilization rate decreased slightly, reflecting a decrease in the visit rate to primary care providers while the specialist visit rate was steady. Utilization for both settings was well below the norm. On the other hand, the average charge per visit (which increased slightly across the board) was consistent with the norm.

Overall, outpatient utilization of mental health services was lower than the norm. Visit rates for each category declined somewhat, most significantly for general mental health visits.

Payments

Payments per member per month increased slightly in FY 2002, but were significantly lower than the norm. As this is preliminary data which has not been adjusted to account for outstanding claims, it is to be expected that payments and utilization will continue to rise for some months.

Institutional payments increased slightly for the Non-Copay segment, but were stable for the Copay segment. For both segments, institutional payments were well below the norm.

The increase in professional payments was attributable, primarily, to higher office and drug payments. Professional payments were higher than the norm.

Payments for mental disorders, respiratory diseases, and for "other" (including drugs) were all higher than the norm. On the other hand, since HealthChoice does not cover pregnancy, payments for perinatal conditions and congenital anomalies were well below the norm.

Costly admissions (admissions which incurred costs greater than \$50,000 or hospital stays greater than 30 days) added over \$1 to the pmpm payment.

Table 1
NC Health Choice
Demographics - Average Annual Enrollment
October 2001 Through September 2002

Age Groups

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Cvg</u>	<u>Total Group</u>
0	4	44	0	48
1 - 5	6,741	9,020	18	15,779
6 - 12	26,549	12,117	32	38,698
13 - 18	16,688	7,587	25	24,300
19 +	386	151	1	537
Total	50,368	28,919	75	79,362

Gender

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Cvg</u>	<u>Total Group</u>
Female	24,845	14,167	33	39,045
Male	25,523	14,752	42	40,317
Total	50,368	28,919	75	79,362

Ethnicity

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Cvg</u>	<u>Total Group</u>
Asian	639	334	0	973
Black	18,701	8,223	16	26,940
Hispanic	4,255	2,753	2	7,010
Indian	1,137	428	0	1,565
White	23,952	16,214	52	40,219
Other	1,547	870	4	2,422
Unknown	137	97	0	234
Total	50,368	28,919	75	79,362

Table 2
NC Health Choice
Demographics - Percentage of Membership
October 2001 Through September 2002

Age Groups

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total Group</u>
0 years	0%	0%	0%	0%
1 - 5 years	13%	31%	24%	20%
6 - 12 years	53%	42%	42%	49%
13 - 18 years	33%	26%	33%	31%
19 + years	1%	1%	1%	1%

Gender

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total Group</u>
Female	49%	49%	44%	49%
Male	51%	51%	56%	51%

Ethnicity

	<u>Non-Copay</u>	<u>Copay</u>	<u>Ext Coverage</u>	<u>Total Group</u>
Asian	1%	1%	0%	1%
Black	37%	29%	22%	34%
Hispanic	8%	10%	3%	9%
Indian	2%	1%	0%	2%
White	48%	56%	70%	51%
Other	3%	3%	5%	3%

Figure 1: Membership Distribution by Age

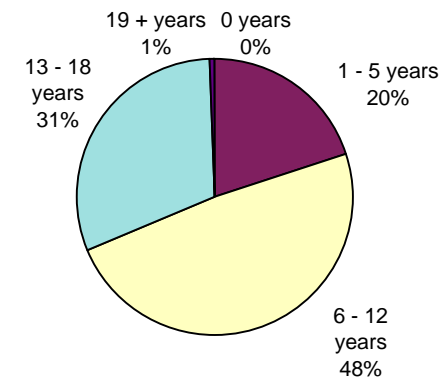
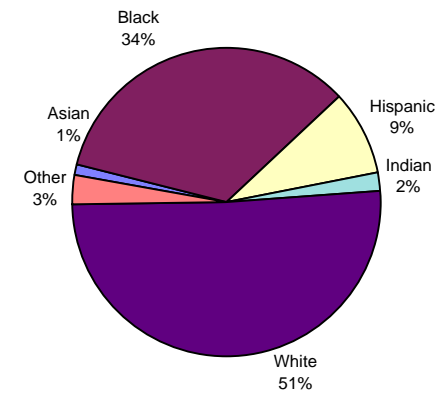
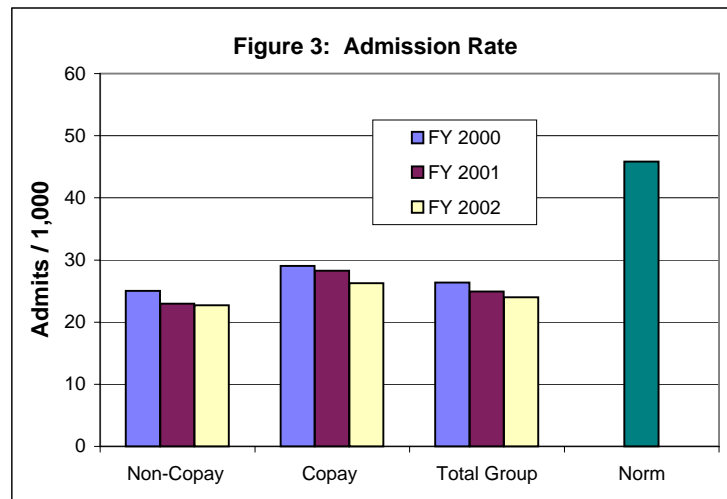


Figure 2: Membership Distribution by Ethnicity



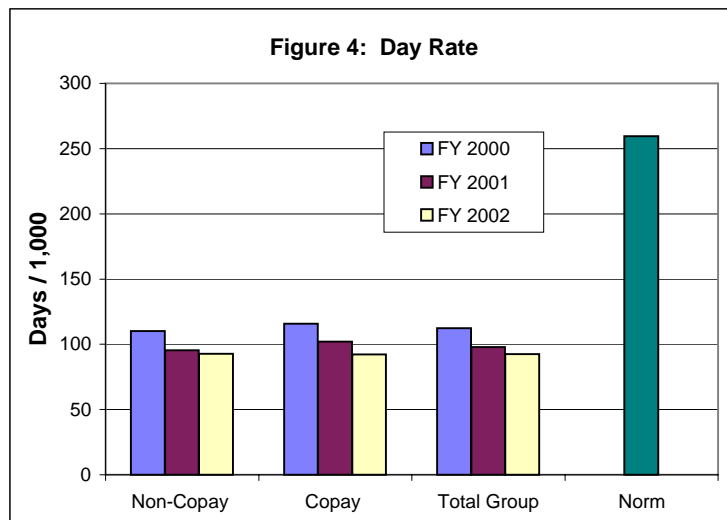
NC Health Choice Inpatient Utilization October 1999 Through September 2002



The admission rate for the total group fell 4 percent to 24 admissions per 1,000 members (Table 3). The rate was 48 percent below the norm.

The admission rate for the Copay segment fell 7 percent, while that of the Non-Copay segment remained stable at 23. Both were well below the norm.

Respiratory diseases accounted for nearly one-fifth of all admissions (Table 4), though the respiratory disease admission rate was well below the norm. Admission rates for all categories were fairly stable between 2001 and 2002 (data not shown). Admission rates were below the norm for each classification, but especially for pregnancy and perinatal conditions due to more restrictive eligibility conditions imposed on HealthChoice members.



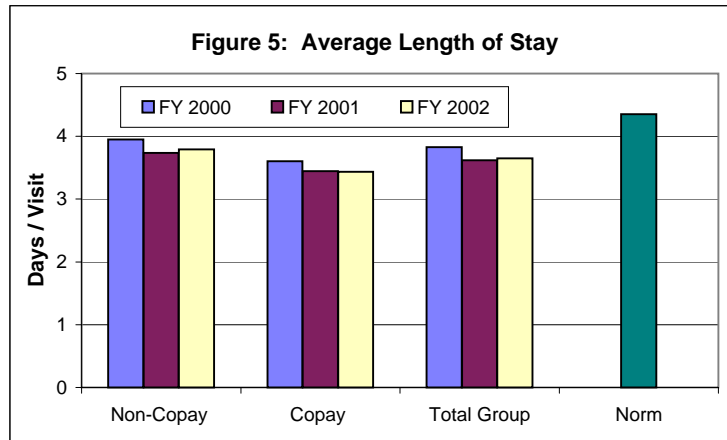
The day rate for the total group decreased 6 percent to 92.5 hospital days per 1,000 members. The rate was 64 percent below the norm.

The day rate for the Non-Copay segment declined slightly to 92.6 days per 1,000 members, and the Copay segment experienced a 10 percent decrease in the day rate, to 92.2 days per 1,000.

Since this is preliminary data, it is to be expected that 2002 utilization rates will rise over the next several months.

NC Health Choice Inpatient Utilization October 1999 Through September 2002

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The average length of stay for the total group remained stable at 3.6 hospital days per visit. The rate was 16 percent below the norm.

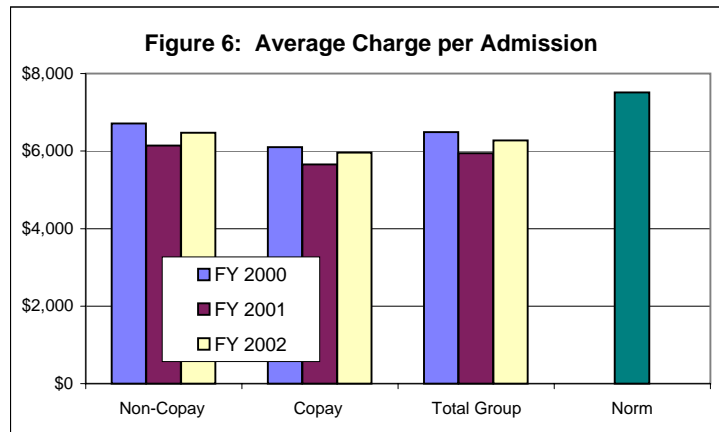
The average length of stay remained stable at 3.8 days for the Non-Copay segment and remained stable at 3.4 days for the Copay segment. Although the average length of stay for the Non-Copay segment was higher than for the Copay segment, they were both below the norm.

As in each previous fiscal year, UNC Hospitals had the most admissions in FY 2002 (Table 5). In addition, of the 25 most frequently utilized hospitals, UNC Hospitals was in the top 5 for highest average allowed charge per admission and highest average length of stay. Frye Regional Medical Center had the highest average length of stay among North Carolina hospitals, and North Carolina Baptist Hospital had the highest average charge.

Mecklenburg County had the highest number of admissions as well as the greatest membership (Table 6). Among counties with more than 10 admissions, Bladen County had the greatest average length of stay (7.6 days), while Swain County had the highest average allowed charge (\$17,583 per admission).

Though the inpatient utilization rates for mental disorders increased for acute care hospitals (Table 7), they decreased for psychiatric facilities (Table 8). Overall utilization was well under the norm in the acute care setting, but was significantly above the norm in the specialty psychiatric setting.

NC Health Choice Inpatient Charges October 1999 Through September 2002

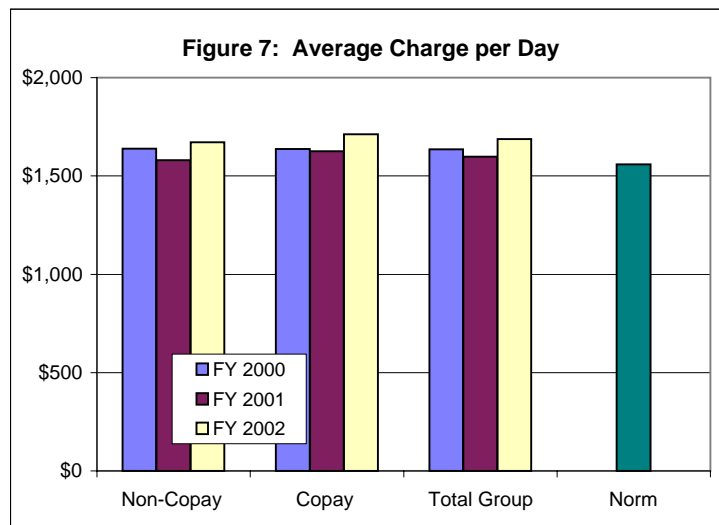


The average charge per admission during FY 2002 increased 6 percent to \$6,271, but remained well below the norm (Table 3).

The increase in the average charge was similar to changes in the average charge for both the Non-Copay and the Copay segments

As noted earlier, of the counties with at least 11 admissions, Swain County had the highest average charge per admission. Union County had the lowest (Table 6).

The average charge per mental health admission rose 4 percent for acute care hospitals but was below the norm (Table 7). Among psychiatric hospitals, the average charge rose 12 percent but was below the norm (Table 8).



The average charge per day increased 6 percent to \$1,688 (Table 3). This was 8 percent above the norm.

The average charge for both segments increased in FY 2002.

Among acute care hospitals, the average charge per day for psychiatric admissions increased slightly in FY 2002 (Table 7). It was slightly below the norm. The average charge per day at psychiatric hospitals increased slightly but was well below the norm (Table 8).

Table 3
NC Health Choice
Inpatient Utilization and Charge Statistics, Acute-Care General Hospitals
Oct. 1999 - Sept. 2002

		<u>Participants</u>	<u>Admissions</u>	<u>Days</u>	<u>Admissions/ 1000</u>	<u>Days/ 1000</u>	<u>Average Length of Stay ¹</u>	<u>Average Charge/Adm. ²</u>	<u>Average Charge/Day ²</u>
Non-Copay	2000	45,104	1129	4414	25.0	110.3	3.9	\$6,714	\$1,639
	2001	43,928	1010	4192	23.0	95.4	3.7	\$6,139	\$1,580
	2002	50,368	1143	4664	22.7	92.6	3.8	\$6,475	\$1,672
Copay	2000	20,859	606	2173	29.1	115.9	3.6	\$6,098	\$1,638
	2001	24,370	689	2489	28.3	102.1	3.4	\$5,652	\$1,626
	2002	28,919	759	2665	26.3	92.2	3.4	\$5,958	\$1,712
Ext Coverage	2000	45	6	27	133.3	600.0	4.5	\$4,615	\$1,009
	2001	90	4	17	44.4	188.9	4.3	\$7,862	\$1,850
	2002	75	3	13	40.0	173.3	4.3	\$8,466	\$1,954
Total Group	2000	66,008	1,741	6,614	26.4	112.4	3.8	\$6,492	\$1,635
	2001	68,388	1,703	6,698	24.9	97.9	3.6	\$5,945	\$1,598
	2002	79,362	1,905	7,342	24.0	92.5	3.6	\$6,271	\$1,688
Norm	2002	--	--	--	45.9	259.5	4.4	\$7,513	\$1,560

¹ Excludes cases in which length of stay is greater than 30 days.

² Includes both institutional charges (DRG prices) and professional charges (allowed charges).

Note: Excludes cases in which total charges exceed \$60,000.

Table 4
NC Health Choice
Inpatient Utilization Statistics by Diagnostic Classification
Acute Care Hospitals
October 2001 Through September 2002

	<u>Admissions per 10,000</u> <u>Members</u>		<u>Percentage of Total</u> <u>Admissions</u>	
	<u>NCHC</u>	<u>Norm</u>	<u>NCHC</u>	<u>Norm</u>
Infectious and Parasitic Diseases	15.1	19.3	6.3%	4.2%
Neoplasms	7.8	13.1	3.3%	2.9%
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	24.3	25.7	10.1%	5.6%
Diseases of Blood and Blood-Forming Organs	8.2	11.5	3.4%	2.5%
Mental Disorders	26.7	39.2	11.1%	8.6%
Diseases of the Nervous System and Sense Organs	5.2	14.6	2.2%	3.2%
Circulatory Diseases	3.2	4.7	1.3%	1.0%
Respiratory Diseases	46.9	75.2	19.5%	16.4%
Digestive Diseases	27.3	37.8	11.4%	8.2%
Genitourinary Diseases	10.7	17.9	4.5%	3.9%
Pregnancies	4.2	28.7	1.7%	6.3%
Skin Diseases	3.5	5.5	1.5%	1.2%
Musculoskeletal Diseases	7.3	11.1	3.0%	2.4%
Congenital Anomalies	4.8	17.5	2.0%	3.8%
Perinatal Conditions	0.3	69.6	0.1%	15.2%
Ill-Defined Conditions	13.6	22.8	5.7%	5.0%
Injury and Poisoning	30.7	42.1	12.8%	9.2%
Other	0.3	2.3	0.1%	0.5%

Table 5
NC Health Choice
Top 25 Most Frequently Used Hospitals
October 2001 Through September 2002

	<u>Number of Admissions</u>	<u>Average Length of Stay</u>	<u>Average Allowed Charge per Admission</u>
U N C HOSPITALS	135	5.01	\$7,332
MEMORIAL MISSIO N HOSP	107	4.56	\$5,528
CAROLINAS MED CTR	103	3.28	\$6,126
NORTH CAROLINA BAPTIST HO	96	5.18	\$9,546
PITT CO MEMORIA L HOSP	85	5.72	\$8,026
DUKE UNIVERSITY HOSPITAL	68	4.62	\$8,783
THE MOSES CONE MEMORIAL	67	4.18	\$3,919
OUT OF STATE	65	6.77	\$6,754
CAPE FEAR VALLE Y MED CTR	57	3.60	\$4,901
PRESBYTERIAN HO SP	47	4.15	\$4,347
WAKE MED	45	4.76	\$7,140
COLUMBUS CO HOS P	42	3.24	\$4,270
NEW HANOVER REG MEDICAL CT	40	2.63	\$3,427
GASTON MEM HOSPITAL	36	4.92	\$5,015
WAYNE MEMORIAL HOSPITAL	31	4.10	\$4,462
ONslow MEM HOSPITAL	31	2.74	\$3,304
SOUTHEASTERN GE N HOSP	30	2.37	\$2,541
FIRSTHEALTH RICHMOND	30	2.07	\$2,426
FRYE REGIONAL MED CTR	29	6.76	\$7,052
LENOIR MEM HOSP ITAL	29	2.83	\$2,648
NORTHEAST MED CENTER	28	2.68	\$3,433
FIRSTHEALTH MOORE REGI	27	4.11	\$7,584
UNION REGIONAL MEDICAL	24	2.79	\$2,749
DAVIS REGIONAL MEDICAL CE	24	2.42	\$2,604
CRAVEN REGIONAL MEDICAL	23	3.43	\$4,571
ALL OTHERS	606	2.93	\$3,604

Table 6
NC Health Choice
Utilization by County of Residence
October 2001 Through September 2002

	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
ALAMANCE	1,301	33	4.24	\$5,995
ALEXANDER	298	11	2.64	\$4,610
ALLEGHANY	162	5	2.00	\$2,761
ANSON	287	10	3.30	\$7,738
ASHE	460	13	3.08	\$5,048
AVERY	412	18	2.17	\$4,553
BEAUFORT	656	12	3.42	\$4,738
BERTIE	323	7	2.71	\$3,026
BLADEN	576	14	7.57	\$9,511
BRUNSWICK	1,007	29	3.24	\$6,023
BUNCOMBE	2,523	60	4.78	\$6,644
BURKE	619	7	5.14	\$7,924
CABARRUS	1,292	50	2.96	\$6,143
CALDWELL	575	27	3.48	\$7,003
CAMDEN	90	5	3.80	\$6,054
CARTERET	778	23	5.13	\$10,005
CASWELL	189	6	2.67	\$5,379
CATAWBA	1,248	24	5.63	\$7,743
CHATHAM	386	4	7.50	\$8,267
CHEROKEE	528	14	3.36	\$5,083
CHOWAN	160	3	4.67	\$6,767
CLAY	148	3	2.00	\$5,006
CLEVELAND	890	14	2.50	\$6,474
COLUMBUS	966	54	2.93	\$5,155
CRAVEN	958	22	5.55	\$8,009
CUMBERLAND	2,542	53	4.02	\$8,115
CURRITUCK	204	0	N/A	N/A
DARE	366	11	5.18	\$6,266
DAVIDSON	1,242	27	3.48	\$5,972
DAVIE	300	4	5.00	\$6,626
DUPLIN	701	18	4.78	\$6,478
DURHAM	1,661	33	4.24	\$8,444
EDGECOMBE	754	16	3.38	\$6,090
FORSYTH	2,241	51	5.69	\$13,411
FRANKLIN	511	10	3.00	\$6,268
GASTON	1,362	41	4.27	\$6,001
GATES	142	6	2.83	\$3,725
GRAHAM	193	2	3.00	\$15,102

Table 6
NC Health Choice
Utilization by County of Residence
October 2001 Through September 2002

	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
Blue Cross Blue Shield of North Carolina December 19, 2002				
GRANVILLE	396	3	6.00	\$6,384
GREENE	223	4	2.75	\$8,440
GUILFORD	3,717	69	3.61	\$6,424
HALIFAX	664	8	3.38	\$7,117
HARNETT	825	26	3.54	\$4,621
HAYWOOD	582	13	3.69	\$6,615
HENDERSON	1,111	31	3.81	\$7,908
HERTFORD	291	7	2.86	\$5,718
HOKE	324	12	4.25	\$6,920
HYDE	104	2	1.00	\$1,829
IREDELL	790	33	3.48	\$5,934
JACKSON	444	15	4.33	\$6,773
JOHNSTON	1,253	26	2.81	\$6,095
JONES	251	7	3.57	\$7,975
LEE	446	7	4.57	\$7,085
LENOIR	830	33	3.85	\$4,734
LINCOLN	504	12	4.08	\$4,744
MACON	581	15	2.93	\$6,069
MADISON	342	6	3.67	\$8,503
MARTIN	309	5	2.60	\$9,439
MCDOWELL	476	9	3.56	\$3,188
MECKLENBURG	5,194	118	3.46	\$6,270
MITCHELL	281	12	3.92	\$9,249
MONTGOMERY	426	5	2.60	\$7,352
MOORE	961	17	4.35	\$10,504
NASH	1,151	18	2.94	\$5,326
NEW HANOVER	1,350	22	3.23	\$7,018
NORTHAMPTON	277	9	3.33	\$4,247
ONSLOW	1,457	42	3.48	\$6,612
ORANGE	552	10	3.50	\$4,947
PAMLICO	159	7	4.71	\$4,780
PASQUOTANK	490	6	2.17	\$4,491
PENDER	556	9	1.89	\$5,960
PERQUIMANS	173	4	4.75	\$3,710
PERSON	329	8	4.50	\$13,791
PITT	1,196	21	7.48	\$9,711
POLK	210	2	2.50	\$2,069
RANDOLPH	966	26	3.65	\$6,883

Table 6
NC Health Choice
Utilization by County of Residence
October 2001 Through September 2002

	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
Corporate Analysis and Risk Assessment Blue Cross Blue Shield of North Carolina December 19, 2002				
RICHMOND	652	54	4.98	\$9,127
ROBESON	1,935	53	2.70	\$3,911
ROCKINGHAM	723	20	3.75	\$5,862
ROWAN	913	23	2.70	\$3,863
RUTHERFORD	593	14	3.93	\$6,122
SAMPSON	739	20	3.10	\$5,074
SCOTLAND	505	17	3.47	\$7,826
STANLY	584	16	6.25	\$5,976
STOKES	369	7	5.29	\$9,145
SURRY	895	11	4.73	\$9,050
SWAIN	447	11	7.09	\$17,583
TRANSYLVANIA	376	12	3.00	\$3,359
TYRRELL	126	2	10.50	\$27,136
UNION	957	26	2.27	\$3,069
VANCE	484	9	2.78	\$5,415
WAKE	4,640	75	4.29	\$6,521
WARREN	334	3	3.33	\$6,382
WASHINGTON	174	4	5.00	\$15,815
WATAUGA	366	11	2.91	\$4,083
WAYNE	1,413	35	4.51	\$9,069
WILKES	591	15	3.13	\$5,199
WILSON	941	16	2.94	\$5,828
YADKIN	332	3	3.00	\$6,035
YANCEY	319	11	2.09	\$3,715

Table 6
NC Health Choice
Utilization by County of Residence
October 2001 Through September 2002

<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
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Corporate Analysis and Risk Assessment
Blue Cross Blue Shield of North Carolina
December 19, 2002

Table 7
NC Health Choice
Inpatient Utilization Statistics for Mental Disorders¹
At Acute Care General Hospitals
October 1999 Through September 2002

		Admissions	Days	Admissions/ 10000	Days/10000	Average Length of Stay	Average Allowed Charge/Adm.	Average Allowed Charge/Day
<u>Non Copay</u>	<u>2000</u>	146	1,144	32.4	253.6	7.84	\$6,570	\$838
	<u>2001</u>	118	875	26.9	199.2	7.42	\$6,149	\$829
	<u>2002</u>	158	1,306	31.4	259.4	8.27	\$6,960	\$842
<u>Copay</u>	<u>2000</u>	74	646	35.5	309.7	8.73	\$6,916	\$792
	<u>2001</u>	69	520	28.3	213.4	7.54	\$7,042	\$934
	<u>2002</u>	82	517	28.4	178.9	6.30	\$6,351	\$1,007
<u>Ext Coverage</u>	<u>2000</u>	1	13	N/A	N/A	N/A	N/A	N/A
	<u>2001</u>	1	8	N/A	N/A	N/A	N/A	N/A
	<u>2002</u>	0	0	N/A	N/A	N/A	N/A	N/A
<u>Total</u>	<u>2000</u>	221	1,803	33.5	273.2	8.16	\$6,705	\$822
	<u>2001</u>	188	1,403	27.5	205.2	7.46	\$6,482	\$869
	<u>2002</u>	240	1,823	30.3	229.8	7.60	\$6,752	\$889
<u>Norm</u>		--	--	43.7	401.6	9.18	\$8,415	\$916

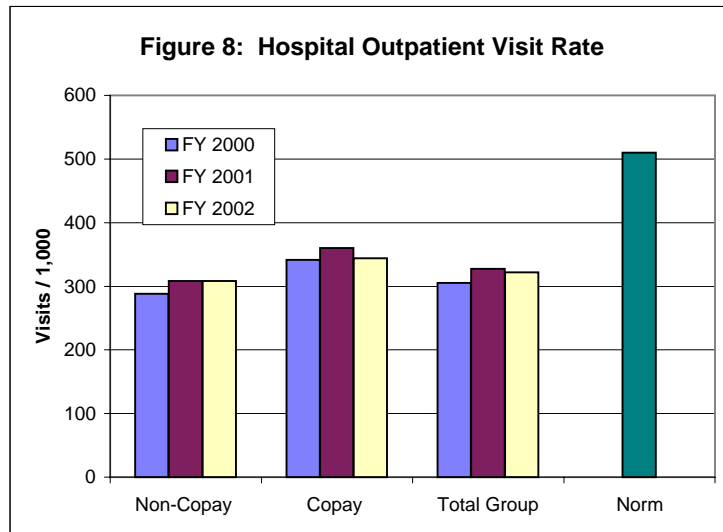
¹ Outlier claims (claims with a length of stay greater than 50 days or a total charge greater than \$30,000) have been excluded from these calculations.

Table 8
NC Health Choice
Inpatient Utilization Statistics for Mental Disorders¹
At Psychiatric Hospitals
October 1999 Through September 2002

		Admissions	Days	Admissions/ 10000	Days/10000	Average Length of Stay	Average Allowed Charge/Adm.	Average Allowed Charge/Day
<u>Non Copay</u>	<u>2000</u>	166	1,750	36.8	388.0	10.54	\$6,044	\$573
	<u>2001</u>	134	1,353	30.5	308.0	10.10	\$5,935	\$588
	<u>2002</u>	118	1,300	23.4	258.2	11.02	\$6,589	\$598
<u>Copay</u>	<u>2000</u>	72	976	34.5	467.9	13.56	\$6,068	\$448
	<u>2001</u>	68	521	27.9	213.8	7.66	\$4,793	\$626
	<u>2002</u>	73	635	25.3	219.7	8.70	\$5,594	\$643
<u>Ext Coverage</u>	<u>2000</u>	0	0	N/A	N/A	N/A	N/A	N/A
	<u>2001</u>	1	5	N/A	N/A	N/A	N/A	N/A
	<u>2002</u>	0	0	N/A	N/A	N/A	N/A	N/A
<u>Total</u>	<u>2000</u>	238	2,726	36.1	413.0	11.45	\$6,052	\$528
	<u>2001</u>	203	1,879	29.7	274.8	9.26	\$5,541	\$599
	<u>2002</u>	191	1,935	24.1	243.9	10.13	\$6,209	\$613
<u>Norm</u>		--	--	19.7	178.0	9.03	\$7,282	\$806

¹ Outlier claims (claims with a length of stay greater than 50 days or a total charge greater than \$30,000) have been excluded from these calculations.

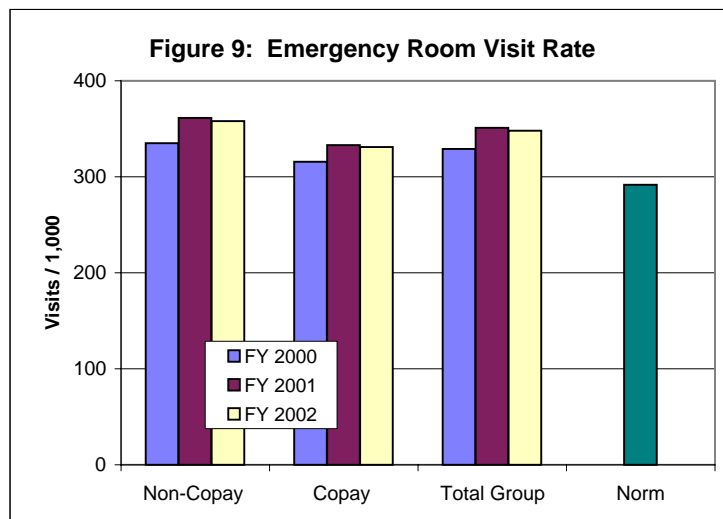
NC Health Choice Institutional Outpatient Utilization and Charges October 1999 Through September 2002



Utilization of the hospital outpatient setting remained relatively stable at 321.6 visits per 1,000 members in FY 2002 (Table 9). Utilization was 37 percent below the norm.

The visit rate for the Copay segment fell 5 percent, while the Non-Copay visit rate was unchanged. The Copay visit rate remained above that of the Non-Copay segment.

The average charge per visit was \$933. This was higher than that of FY 2001 (\$825) and was lower than the norm (\$948).



For the emergency room (ER) setting, utilization remained stable at 348.1 visits per 1,000 members in FY 2002.

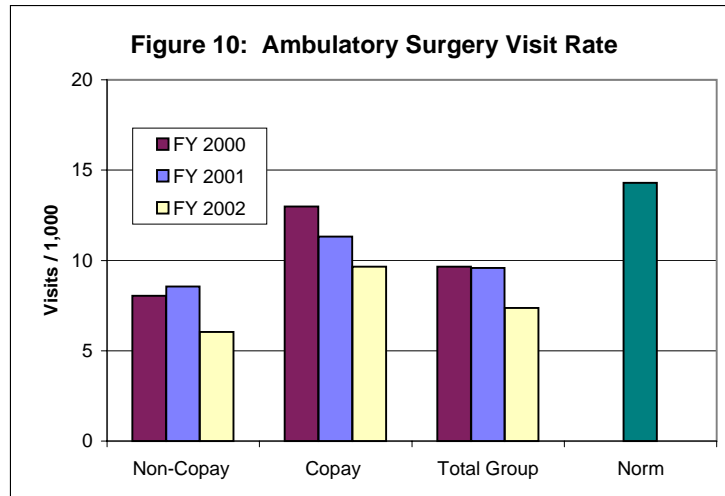
The ER visit rate was stable for both segments, following an increase in FY 2001, and remained well above the norm (19 percent higher).

Use of the ER setting for non-emergencies remained high (see Table 10) especially among the Non-Copay members.

There was a 14 percent increase in the average charge to \$535 per visit in FY 2002. This was 18 percent below the norm (\$655).

NC Health Choice Institutional Outpatient Utilization and Charges October 1999 Through September 2002

December 19, 2002



The visit rate for the ambulatory surgery setting decreased 23 percent to 7.4 visits per 1,000 members in FY 2002 (Table 9).

Utilization by Copay members continued to exceed that of Non-Copay members.

The average charge per visit fell 9 percent from FY 2002 and was 3 percent above the norm.

In the emergency room setting, utilization by Copay members exceeded the norm, while in the other two settings, utilization by Copay members was well below the norm. The average charge per visit was below the norm in the ER setting, and comparable to the norm for the other two

For the Non-Copay segment, utilization exceeded the norm in the ER setting and was well below the respective norms in the other two outpatient settings. The average charge was below the norm in all settings except ambulatory surgery centers.

Table 9
NC Health Choice
Institutional Outpatient Utilization and Charge Statistics
October 1999 Through September 2002

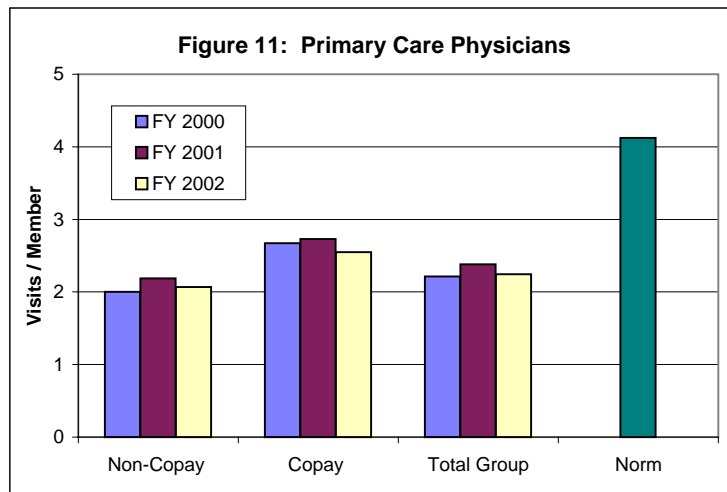
		Hospital Outpatient Dept.			Emergency Room			Ambulatory Surgical Centers		
		Visits	Visits/ 1,000	Av. Charge per Visit	Visits	Visits/ 1,000	Av. Charge per Visit	Visits	Visits/ 1,000	Av. Charge per Visit
<u>Non-Copay</u>	<u>FY 2000</u>	13,001	288.2	\$730	15,115	335.1	\$419	363	8.0	\$2,838
	<u>FY 2001</u>	13,543	308.3	\$817	15,867	361.2	\$467	376	8.6	\$2,529
	<u>FY 2002</u>	15,523	308.3	\$920	18,032	358.1	\$539	304	6.0	\$2,450
<u>Copay</u>	<u>FY 2000</u>	7,125	341.6	\$797	6,584	315.6	\$438	271	13.0	\$2,720
	<u>FY 2001</u>	8,770	359.9	\$835	8,113	332.9	\$478	276	11.3	\$2,762
	<u>FY 2002</u>	9,937	343.8	\$949	9,565	330.9	\$529	279	9.7	\$2,320
<u>Ext Coverage</u>	<u>FY 2000</u>	23	N/A	N/A	12	N/A	N/A	3	N/A	N/A
	<u>FY 2001</u>	72	N/A	N/A	29	N/A	N/A	3	N/A	N/A
	<u>FY 2002</u>	57	N/A	N/A	24	N/A	N/A	1	N/A	N/A
<u>Total Group</u>	<u>FY 2000</u>	20,149	305.3	\$754	21,711	328.9	\$425	637	9.7	\$2,793
	<u>FY 2001</u>	22,385	327.3	\$825	24,009	351.1	\$471	655	9.6	\$2,629
	<u>FY 2002</u>	25,517	321.6	\$933	27,621	348.1	\$535	584	7.4	\$2,387
<u>Norm</u>	<u>FY 2002</u>	--	509.9	\$948	--	291.5	\$655	--	14.3	\$2,315

Corporate Analysis and Risk Assessment
Blue Cross Blue Shield of North Carolina
December 19, 2002

Table 10
NC Health Choice
Emergency Room Utilization Statistics
October 1999 Through September 2002

		<u>Total ER Utilization</u>			<u>Emergent</u>			<u>Urgent</u>			<u>Non-Urgent</u>		
		Visits	Visits/ 1,000	Charge per Visit	Visits	Visits/ 1,000	Charge per Visit	Visits	Visits/ 1,000	Charge per Visit	Visits	Visits/ 1,000	Charge per Visit
Non-Copay	FY 2000	15,115	335.1	\$419	3,252	72.1	\$596	6,251	138.6	\$399	5,611	124.4	\$340
	FY 2001	15,867	361.2	\$467	3,034	69.1	\$692	6,703	152.6	\$445	6,129	139.5	\$380
	FY 2002	18,032	358.1	\$539	3,501	69.5	\$821	7,492	148.8	\$512	7,037	139.7	\$426
Copay	FY 2000	6,584	315.6	\$438	1,458	69.9	\$635	3,021	144.8	\$412	2,104	100.9	\$340
	FY 2001	8,113	332.9	\$478	1,726	70.8	\$713	3,551	145.7	\$443	2,834	116.3	\$379
	FY 2002	9,565	330.9	\$529	2,035	70.4	\$785	4,130	142.9	\$487	3,399	117.6	\$426
Extended Coverage	FY 2000	12	N/A	N/A	2	N/A	N/A	5	N/A	N/A	5	N/A	N/A
	FY 2001	29	N/A	N/A	4	N/A	N/A	11	N/A	N/A	14	N/A	N/A
	FY 2002	24	N/A	N/A	7	N/A	N/A	10	N/A	N/A	7	N/A	N/A
Total	FY 2000	21,711	328.9	\$425	4,712	71.4	\$608	9,277	140.5	\$403	7,720	117.0	\$340
	FY 2001	24,009	351.1	\$471	4,764	69.7	\$700	10,265	150.1	\$444	8,977	131.3	\$380
	FY 2002	27,621	348.1	\$535	5,543	69.9	\$808	11,632	146.6	\$503	10,443	131.6	\$425
Norm		--	291.5	\$655	--	80.2	\$923	--	116.1	\$604	--	95.3	\$491

NC Health Choice Office Setting Utilization October 2001 Through September 2002

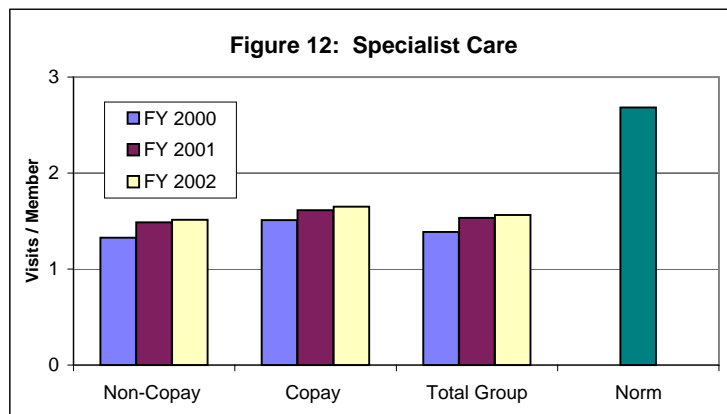


The primary care visit rate for the total group decreased 6 percent to 2.2 visits per 1,000 members (Table 11). The rate was 46 percent below the norm.

The visit rates for the Non-Copay members decreased 5 percent while that of the Copay members decreased 7 percent to 2.5 visits per member.

Top diagnoses included health supervision of infant or child (19 percent), acute pharyngitis (8 percent), acute upper respiratory infections (6 percent), and ear infections (5 percent).

The average charge per visit increased to \$66 in FY 2002.



The specialist care visit rate for the total group remained stable at 1.6 visits per 1,000 members. The rate was 42 percent below the norm.

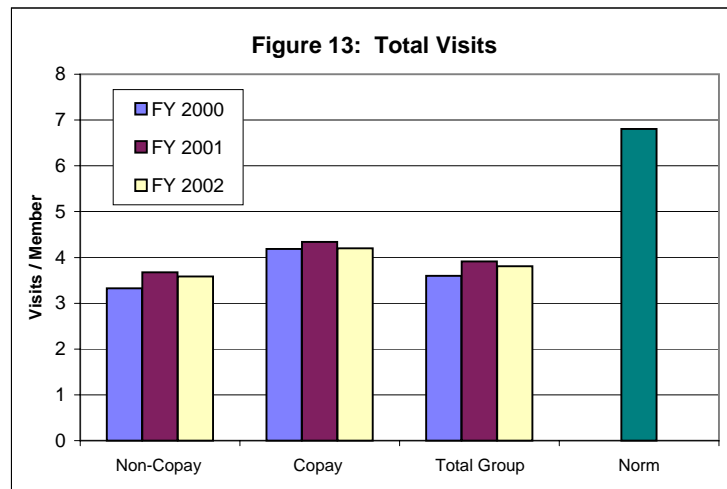
Both segments had fairly stable visit rates during FY 2002.

Top diagnoses were vision disorders (9 percent) and allergic rhinitis (7 percent).

The most frequently visited specialists were chiropractors (11 percent).

The average charge per specialty visit increased to \$93.

NC Health Choice Office Setting Utilization October 2001 Through September 2002



The office visit rate for the total group decreased 3 percent to 3.8 admissions per member. The rate was 44 percent below the norm.

The visit rate for the Non-Copay members decreased 3 percent as did that of the Copay segment in FY 2002.

The average charge per office visit in FY 2002 was \$77, an increase of \$4 since FY 2001.

Utilization of outpatient mental health services decreased in FY 2002 (Table 12). Although utilization fell for both segments, the decrease was slightly more pronounced among Non-Copay members. Utilization was below the norm.

The total group experienced a decline in the visit rate for each type of mental health visit, and in each case the total group's visit rate was below the norm. Despite the decrease in utilization, rates were higher for each type of visit (excepting alcohol abuse) than they were in FY 2000.

**NC Health Choice
Office Setting Utilization
October 2001 Through September 2002**

December 19, 2002

Table 11
NC Health Choice
Office Utilization and Charge Statistics
October 1999 Through September 2002

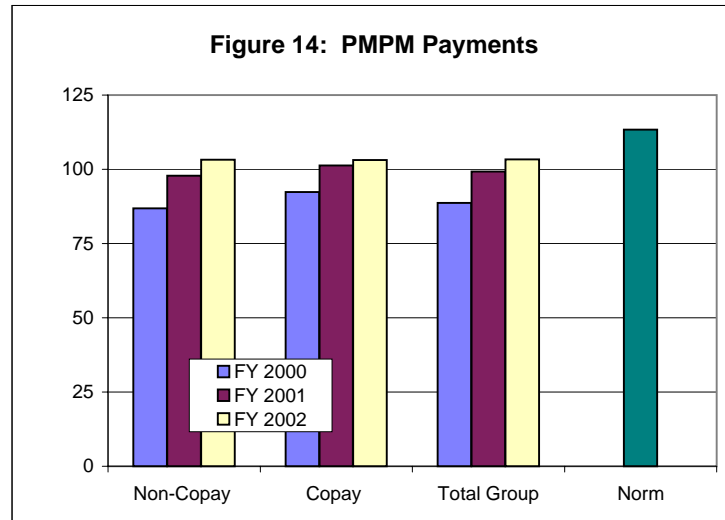
		<u>Total</u>			<u>Primary Care</u>			<u>Specialist Care</u>		
		Visits	Visits/ person	Charge per Visit	Visits	Visits/ person	Charge per Visit	Visits	Visits/ person	Charge per Visit
Non-Copay	FY 2000	150,120	3.3	\$71	90,277	2.0	\$59	59,843	1.3	\$87
	FY 2001	161,407	3.7	\$74	96,102	2.2	\$63	65,305	1.5	\$91
	FY 2002	180,353	3.6	\$78	104,186	2.1	\$66	76,167	1.5	\$94
Copay	FY 2000	87,230	4.2	\$69	55,766	2.7	\$58	31,464	1.5	\$87
	FY 2001	105,823	4.3	\$73	66,473	2.7	\$63	39,350	1.6	\$90
	FY 2002	121,400	4.2	\$77	73,662	2.5	\$66	47,738	1.7	\$93
Extended Coverage	FY 2000	270	N/A	N/A	153	N/A	N/A	117	N/A	N/A
	FY 2001	560	N/A	N/A	309	N/A	N/A	251	N/A	N/A
	FY 2002	532	N/A	N/A	310	N/A	N/A	222	N/A	N/A
Total	FY 2000	237,620	3.6	\$70	146,196	2.2	\$59	91,424	1.4	\$87
	FY 2001	267,790	3.9	\$74	162,884	2.4	\$63	104,906	1.5	\$90
	FY 2002	302,285	3.8	\$77	178,158	2.2	\$66	124,127	1.6	\$93
Norm		--	6.8	\$80	--	4.1	\$70	--	2.7	\$97

Corporate Analysis and Risk Assessment
Blue Cross Blue Shield of North Carolina
December 19, 2002

Table 12
NC Health Choice
Outpatient Mental Health Utilization Statistics
October 1999 Through September 2002

		Mental Health		Alcohol Abuse		Drug Abuse		Grand Total	
		Visits/ 1,000	Visits/ Member with at least One Visit	Visits/ 1,000	Visits/ Member with at least One Visit	Visits/ 1,000	Visits/ Member with at least One Visit	Visits/ 1,000	Visits/ Member with at least One Visit
Non- Copoly	FY 2000	807.7	6.7	1.9	6.0	11.4	12.6	821.0	6.7
	FY 2001	968.3	7.5	1.9	5.2	17.1	14.4	987.3	7.6
	FY 2002	899.3	7.0	1.9	5.5	17.1	13.2	918.2	7.1
Copoly	FY 2000	750.7	6.5	0.6	1.7	6.0	7.4	757.2	6.5
	FY 2001	965.1	7.9	0.5	1.6	15.5	13.5	981.0	8.0
	FY 2002	923.1	7.5	0.4	2.4	12.5	12.5	936.0	7.6
Total	FY 2000	791.8	6.8	1.5	4.6	9.7	11.1	803.0	6.9
	FY 2001	967.5	8.0	1.4	4.1	16.5	14.8	985.3	8.1
	FY 2002	909.0	7.5	1.3	4.8	15.4	13.3	925.7	7.5
Norm		1,042.6	6.7	1.4	3.8	16.2	11.6	1,060.2	6.8

NC Health Choice Payments Per Member Per Month October 1999 Through September 2002



The payment per member per month (pmpm) for the total group increased during FY 2002 to \$103.33 (Table 13). This was below the norm

Payments pmpm for the Non-Copay segment increased 6 percent, while those of the Copay segment remained stable.

For the Non-Copay segment, professional payments pmpm grew by \$3, reflecting a rise in payments for office visits and prescription drugs.

For the Copay members, institutional payments were relatively stable. Professional payments increased \$2 pmpm, again due to higher payments for office visits and prescription drugs.

Institutional payments for both segments were below the norm. Professional payments exceeded the norm.

Payments pmpm for most diagnostic categories were relatively close to the norm (Table 15). Payments for mental disorders, respiratory diseases, ill defined conditions, and other (including drugs) were all higher than the norm. Payments in the Other category varied from the norm the most, and over half of payments in this class were for routine check-ups. Payments pmpm for congenital anomalies and perinatal conditions were well below the norm, due to rules excluding coverage of pregnancies under the HealthChoice program.

Dental payments (which were not included in the figures above) were \$11 per member per month in FY 2002 (Table 16). Payments increased by about \$1 since FY 2001 (data not shown).

Payments for special needs claims amounted to a little less than \$1.50 PMPM.

Costly admissions (admissions which incurred costs greater than \$50,000 or hospital stays greater than 30 days) added a little more than \$1 to the PMPM payment (Table 17). This number is less than half of the FY 2001 payment PMPM for costly admissions, but may grow as more claims are processed.

Table 13
NC Health Choice
Per Member per Month Payments, by Place of Service
October 1999 Through September 2002

		<u>Institutional</u>					<u>Professional</u>					<u>Grand Total</u>	
		<u>Acute Care</u>		<u>Specialty</u>		<u>Total</u>						<u>Total</u>	
		<u>Inpatient</u>	<u>Outpatient</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Institutional</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Office</u>	<u>Drugs</u>	<u>Other</u>	<u>Professional</u>	
Non-Copay	FY 2000	\$11.86	\$18.84	\$1.81	\$0.53	\$33.05	\$3.26	\$9.36	\$24.75	\$14.17	\$2.22	\$53.77	\$86.82
	FY 2001	\$10.62	\$22.80	\$1.42	\$0.65	\$35.49	\$3.19	\$10.58	\$29.01	\$17.60	\$1.94	\$62.31	\$97.80
	FY 2002	\$10.24	\$25.18	\$1.77	\$0.64	\$37.19	\$3.13	\$10.30	\$30.68	\$19.22	\$2.02	\$65.36	\$102.55
Copay	FY 2000	\$11.66	\$21.70	\$1.61	\$0.61	\$35.58	\$4.09	\$10.93	\$27.43	\$11.71	\$2.57	\$56.72	\$92.31
	FY 2001	\$11.10	\$24.66	\$1.88	\$0.61	\$38.25	\$3.21	\$11.44	\$30.92	\$14.14	\$3.36	\$63.08	\$101.32
	FY 2002	\$9.78	\$26.18	\$0.90	\$0.73	\$37.60	\$3.26	\$10.76	\$32.04	\$16.07	\$3.42	\$65.55	\$103.16
Ext Cov	FY 2000	\$40.73	\$41.50	\$0.00	\$0.00	\$82.23	\$6.37	\$22.90	\$61.02	\$24.23	\$4.05	\$118.57	\$200.80
	FY 2001	\$22.14	\$55.49	\$2.68	\$1.10	\$81.41	\$6.00	\$33.86	\$40.58	\$46.16	\$10.47	\$137.07	\$218.48
	FY 2002	\$20.83	\$68.09	\$0.00	\$0.00	\$88.92	\$5.25	\$27.11	\$63.40	\$50.59	\$28.10	\$174.45	\$263.37
Total	FY 2000	\$11.82	\$19.76	\$1.75	\$0.56	\$33.89	\$3.52	\$9.87	\$25.62	\$13.40	\$2.33	\$54.75	\$88.63
	FY 2001	\$10.80	\$23.51	\$1.59	\$0.64	\$36.53	\$3.20	\$10.91	\$29.70	\$16.40	\$2.46	\$62.68	\$99.21
	FY 2002	\$10.08	\$25.58	\$1.45	\$0.68	\$37.80	\$3.18	\$10.49	\$31.21	\$18.10	\$2.56	\$65.53	\$103.33
Norm		\$23.68	\$25.36	\$1.00	\$1.01	\$51.05	\$6.82	\$10.07	\$22.70	\$18.20	\$4.53	\$62.32	\$113.37

Table 14
NC Health Choice
Total Payments by Place of Service
October 1999 Through September 2002

		<u>Institutional</u>					<u>Professional</u>						
		<u>Acute Care</u>		<u>Specialty</u>									
		<u>Inpatient</u>	<u>Outpatient</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total Institutional</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Office</u>	<u>Drugs</u>	<u>Other</u>	<u>Total Professional</u>	
Non-Copay	FY 2000	\$6,420,544	\$10,199,207	\$981,923	\$288,732	\$17,890,407	\$1,763,813	\$5,067,905	\$13,393,602	\$7,670,908	\$1,204,004	\$29,100,233	
	FY 2001	\$5,596,134	\$12,018,817	\$747,486	\$343,529	\$18,705,966	\$1,681,515	\$5,575,809	\$15,289,972	\$9,276,142	\$1,024,971	\$32,848,407	
	FY 2002	\$6,188,896	\$15,213,910	\$1,068,872	\$389,478	\$22,471,678	\$1,890,033	\$6,226,041	\$18,541,320	\$11,613,165	\$1,222,844	\$39,493,403	
Copay	FY 2000	\$2,918,512	\$5,432,542	\$403,531	\$152,624	\$8,907,208	\$1,023,350	\$2,736,185	\$6,865,702	\$2,931,096	\$642,318	\$14,198,651	
	FY 2001	\$3,245,793	\$7,211,397	\$550,649	\$176,945	\$11,184,783	\$938,988	\$3,344,822	\$9,043,548	\$4,136,562	\$982,349	\$18,446,269	
	FY 2002	\$3,392,961	\$9,081,498	\$313,653	\$254,025	\$13,042,136	\$1,130,711	\$3,733,149	\$11,114,829	\$5,572,948	\$1,186,681	\$22,738,318	
Ext Cov	FY 2000	\$21,995	\$22,411	\$0	\$0	\$44,406	\$3,441	\$12,368	\$32,950	\$13,083	\$2,186	\$64,029	
	FY 2001	\$23,909	\$59,935	\$2,895	\$1,186	\$87,924	\$6,480	\$36,569	\$43,823	\$49,849	\$11,313	\$148,033	
	FY 2002	\$18,746	\$61,279	\$0	\$0	\$80,025	\$4,729	\$24,400	\$57,058	\$45,529	\$25,292	\$157,008	
Total	FY 2000	\$9,361,051	\$15,654,160	\$1,385,454	\$441,356	\$26,842,021	\$2,790,604	\$7,816,458	\$20,292,254	\$10,615,087	\$1,848,508	\$43,362,913	
	FY 2001	\$8,865,836	\$19,290,149	\$1,301,030	\$521,660	\$29,978,674	\$2,626,982	\$8,957,200	\$24,377,343	\$13,462,553	\$2,018,632	\$51,442,709	
	FY 2002	\$9,600,603	\$24,356,687	\$1,382,525	\$643,502	\$35,983,317	\$3,025,473	\$9,983,589	\$29,713,207	\$17,231,642	\$2,434,817	\$62,388,729	

Table 15
NC Health Choice
PMPM Payments by Diagnostic Category
October 2001 Through September 2002

	<u>Total Payments</u>	<u>Payments per Member per</u> <u>Month</u>	
	<u>NCHC</u>	<u>NCHC</u>	<u>Norm</u>
Infectious and Parasitic Diseases	\$2,534,841	\$2.66	\$1.73
Neoplasms	\$1,997,132	\$2.10	\$3.44
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	\$1,523,916	\$1.60	\$2.07
Diseases of Blood and Blood-Forming Organs	\$1,426,254	\$1.50	\$2.68
Mental Disorders	\$9,802,260	\$10.29	\$7.12
Diseases of the Nervous System and Sense Organs	\$8,635,599	\$9.07	\$7.58
Circulatory Diseases	\$910,137	\$0.96	\$1.31
Respiratory Diseases	\$11,701,515	\$12.29	\$8.83
Digestive Diseases	\$5,145,036	\$5.40	\$4.82
Genitourinary Diseases	\$3,180,716	\$3.34	\$3.33
Pregnancies	\$206,853	\$0.22	\$0.27
Skin Diseases	\$1,689,122	\$1.77	\$1.19
Musculoskeletal Diseases	\$4,784,265	\$5.02	\$6.54
Congenital Anomalies	\$2,115,123	\$2.22	\$5.87
Perinatal Conditions	\$95,079	\$0.10	\$9.82
Ill-Defined Conditions	\$8,959,752	\$9.41	\$7.43
Injury and Poisoning	\$12,600,807	\$13.23	\$13.93
Other (Includes Drugs)	\$21,063,638	\$22.12	\$7.20

Table 16
NC Health Choice
Frequency and Costs of Select Office Procedures
October 2001 Through September 2002

	<u>Non-Copay</u>	<u>Copay</u>	<u>Total Group</u>
Dental			
Claims	111,340	61,086	172,633
Payments PMPM	\$10.95	\$10.30	\$10.72
Hearing			
Claims	49	41	110
Payments PMPM	\$0.04	\$0.03	\$0.04
Immunization			
Claims	5,160	5,794	10,973
Payments PMPM	\$0.11	\$0.21	\$0.15
Vision			
Claims	9,262	4,423	13,712
Payments PMPM	\$1.03	\$0.79	\$0.94
Well Child			
Claims	10,502	8,628	19,210
Payments PMPM	\$1.00	\$1.38	\$1.14
Special Needs ¹			
Claims	12,952	7,825	20,847
Payments PMPM	\$1.39	\$1.57	\$1.46

¹ Includes institutional as well as professional claims.

Table 17
NC Health Choice
Catastrophic Admissions¹ to Acute Care Hospitals
October 2000 to September 2001

<u>Diagnosis</u>	<u>APDRG</u>	<u>Age</u>	<u>Sex</u>	<u>Length</u>	<u>Charged</u>	<u>Paid</u>	<u>Provider</u>	<u>Transplant</u>	<u>Segment</u>
LEUKEMIA	579	17	M	84	\$214,681	\$228,194	DUKE UNIVERSITY HOSPITAL		Non-Copay
PULMONARY HEART DISEASE	546	16	F	42	\$177,110	\$175,646	UNC HOSPITALS		Non-Copay
HEART DISEASE	103	12	F	23	\$163,673	\$188,173	UNC HOSPITALS		Non-Copay
HEART FAILURE	103	2	F	28	\$162,501	\$187,045	UNC HOSPITALS		Non-Copay
INTRACRANIAL ABSCESS	483	15	M	68	\$155,877	\$154,469	NC BAPTIST		Non-Copay
PREMATURE BIRTH	604	0	F	150	\$149,092	\$147,955	CAROLINAS MED CTR		Copay
COMPLICATIONS OF ORGAN TRANSPLA	574	16	M	77	\$142,707	\$142,707	PITT CO MEMORIAL		Non-Copay
OTHER HEMORRHAGIC CONDITIONS	803	9	F	52	\$136,274	\$135,656	DUKE UNIVERSITY HOSPITAL		Copay
LUPUS	468	6	F	51	\$124,728	\$119,806	UNC HOSPITALS		Non-Copay
DISLOCATED VERTEBRA	483	18	F	41	\$115,095	\$115,095	OUT-OF-STATE		Non-Copay
CANCER OF RESPIRATORY ORGANS	541	15	F	65	\$109,450	\$109,450	UNC HOSPITALS		Non-Copay
BONE CANCER	471	15	F	22	\$93,547	\$93,547	UNC HOSPITALS		Non-Copay
LYMPHOSARCOMA	578	18	M	51	\$92,704	\$92,682	UNC HOSPITALS		Non-Copay
ATTENTION DEFICIT DISORDER		15	M	0	\$90,142	\$3,825	OUT-OF-STATE		Copay
BRAIN CANCER	530	2	F	36	\$87,292	\$84,226	PITT CO MEMORIAL		Copay
SCOLIOSIS	756	12	F	16	\$77,886	\$77,886	NC BAPTIST		Copay
THORACIC ANEURYSM	545	16	M	14	\$73,262	\$73,153	MEMORIAL MISSION		Non-Copay
COMPLICATIONS OF MEDICAL DEVICE	530	17	M	22	\$71,192	\$68,460	DUKE UNIVERSITY HOSPITAL		Non-Copay
DISORDER OF SWEAT GLANDS	564	15	F	44	\$68,800	\$66,143	UNC HOSPITALS		Non-Copay
SKULL FRACTURE	530	13	M	17	\$66,629	\$63,718	DUKE UNIVERSITY HOSPITAL		Non-Copay
INJURY TO NERVOUS SYSTEM	483	8	M	15	\$66,498	\$65,757	UNC HOSPITALS		Non-Copay
COMPLICATIONS OF ORGAN TRANSPLA		17	M	0	\$64,859	\$57,019	PITT CO MEMORIAL		Non-Copay
SKULL FRACTURE	530	2	F	16	\$64,841	\$64,622	CAROLINAS MED CTR		Non-Copay
HYPERTENSIVE RENAL DISEASE	468	13	F	25	\$60,342	\$60,337	PITT CO MEMORIAL		Copay
FRACTURE OF FEMUR	231	7	M	25	\$59,491	\$59,436	UNION MEMORIAL		Non-Copay
FRACTURE OF FEMUR	235	15	M	40	\$56,568	\$57,670	NEW HANOVER REGIONAL MED		Non-Copay
CONGENITAL ANOMALY	549	12	F	15	\$54,581	\$52,405	CAROLINAS MED CTR		Non-Copay
CONGENITAL ANOMALY OF HEART	105	2	F	5	\$52,005	\$49,952	DUKE UNIVERSITY HOSPITAL		Non-Copay
COMPLICATIONS OF MEDICAL DEVICE	105	16	F	5	\$51,947	\$51,185	UNC HOSPITALS		Copay
SKIN CONDITION	265	7	M	23	\$51,402	\$51,233	NC BAPTIST		Non-Copay
CONDUCT DISTURBANCE	431	14	M	52	\$34,554	\$3,407	OUT-OF-STATE		Non-Copay
ATTENTION DEFICIT DISORDER	431	7	M	41	\$27,061	\$0	UNC HOSPITALS		Copay
MANIC-DEPRESSIVE PSYCHOSIS	430	8	M	34	\$26,291	\$25,050	UNC HOSPITALS		Non-Copay
AFFECTIVE PSYCHOSES	430	5	M	35	\$23,408	\$23,251	ADOL ALCOH & CHEM		Non-Copay
HEART FAILURE	544	2	F	33	\$23,374	\$23,018	UNC HOSPITALS		Non-Copay
CHRONIC RENAL FAILURE	316	16	M	45	\$19,744	\$38,858	OUT-OF-STATE		Non-Copay
SCHIZOPHRENIA	430	18	M	32	\$19,417	\$18,130	FRYE MEDICAL CTR		Non-Copay
COMPLICATIONS OF ORGAN TRANSPLA	574	16	M	32	\$16,283	\$16,045	PITT CO MEMORIAL		Non-Copay
MALNUTRITION	753	18	F	37	\$6,753	\$32,298	PARK RIDGE		Copay
TOTAL					\$3,152,061	\$3,077,511			

¹ Admissions with allowed charges exceeding \$50,000 or length of stay greater than 30 days.

Table 17
NC Health Choice
Catastrophic Admissions¹ to Acute Care Hospitals
October 2001 Through September 2002

<u>Diagnosis</u>	<u>APDRG</u>	<u>Age</u>	<u>Sex</u>	<u>Length of Stay</u>	<u>Charged</u>	<u>Paid</u>	<u>Provider</u>	<u>Transplant</u>	<u>Segment</u>
DRUG POISONING	483	18	M	26	\$137,904	\$136,345	NC BAPTIST		Non-Copay
FRACTURE OF VERTEBRAE	483	19	F	52	\$133,771	\$132,549	OUT-OF-STATE		Non-Copay
INTRACRANIAL INJURY	762	16	M	64	\$112,646	\$112,591	WAKE MEDICAL CENTER		Non-Copay
FRACTURE OF FEMUR	212	11	M	43	\$95,579	\$95,219	FORSYTH MEMORIAL		Non-Copay
COMPRESSION OF BRAIN	738	17	F	20	\$74,134	\$74,010	OUT-OF-STATE		Non-Copay
CERVICAL SPINAL CORD INJURY	792	15	M	12	\$73,063	\$71,178	CAPE FEAR VALLEY		Non-Copay
HEAD INJURY	792	16	M	27	\$71,796	\$70,782	MOORE REGIONAL HOSP		Non-Copay
CONGENITAL ANOMALY	468	1	F	31	\$69,227	\$68,609	CAROLINAS MED CTR		Copay
BRAIN CANCER	530	3	M	14	\$65,842	\$65,696	NC BAPTIST		Non-Copay
SCOLIOSIS	806	14	F	10	\$61,985	\$61,488	MEMORIAL MISSION		Non-Copay
REHABILITATION	462	15	M	39	\$57,302	\$53,130	CAPE FEAR VALLEY		Non-Copay
SPINAL CORD INJURY	462	15	M	45	\$56,891	\$84,486	PITT CO MEMORIAL		Non-Copay
LEG FRACTURE	793	17	M	17	\$55,398	\$54,187	NC BAPTIST		Non-Copay
INTRACRANIAL HEMORRHAGE	533	16	M	6	\$52,763	\$52,758	PITT CO MEMORIAL		Copay
VIRAL PNEUMONIA	475	0	M	28	\$51,784	\$51,131	DUKE UNIVERSITY HOSPITAL		Copay
CEREBROVASCULAR DISEASE	462	17	F	40	\$22,435	\$60,541	PITT CO MEMORIAL		Non-Copay
COMPLICATIONS OF ORGAN TRANSPLA	574	17	M	34	\$17,838	\$17,680	PITT CO MEMORIAL		Copay
HYPERACTIVITY SYNDROME	431	15	M	45	\$11,123	\$2,708	OUT-OF-STATE		Non-Copay
DRUG DEPENDENCE	748	17	M	34	\$8,589	\$89	OUT-OF-STATE		Non-Copay
TOTAL					\$1,230,071	\$1,265,178			

¹ Admissions with allowed charges exceeding \$50,000 or length of stay greater than 30 days.